



# REHABILITATIVE ASSISTANCE SERVICES NOTES

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SAU #: \_\_\_\_\_

DISTRICT OF LIABILITY: \_\_\_\_\_

Session Date: \_\_\_\_\_  
 Start Time: \_\_\_\_\_  
 Stop Time: \_\_\_\_\_  
 Total Minutes: \_\_\_\_\_  
 Circle One: (G) Group (I) Individual  
 Provider Initial: \_\_\_\_\_  
 Individual Treatment/Therapy/Services  
 Group Treatment/Therapy/Services  
 \_\_\_\_\_ Group Size (all students actually receiving the service)

Session Date: \_\_\_\_\_  
 Start Time: \_\_\_\_\_  
 Stop Time: \_\_\_\_\_  
 Total Minutes: \_\_\_\_\_  
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 Provider Initial: \_\_\_\_\_  
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 Group Treatment/Therapy/Services  
 \_\_\_\_\_ Group Size (all students actually receiving the service)

Unless so noted, school was in session and students were in attendance on all days recorded above. I have edited this form to correctly reflect services delivered on the above dates.

PARAPROFESSIONAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I certify that activities being billed under rehabilitative assistance for the above student(s) on the dates specified, for which I am knowledgeable of the service provision, and provide weekly consultation to the aide, are not classroom instruction or academic tutoring, but are therapeutic in nature and are necessary for the maximum reduction of each student's physical/mental disabilities.

LICENSED PRACTITIONER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

LICENSED PRACTITIONER PRINTED NAME: \_\_\_\_\_

LICENSE / CERTIFICATION / DOE ENDORSEMENT: \_\_\_\_\_